C.I.B.M.S. 600 Saw Mill Rd., P.O. Box 26775 West Haven, CT 06516					REPORT ID: 1574486 Page 1 of 6 ISSUED: 02/02/04							
203-931-2020 Fax: 203-931-2	2025]	Mer	aed	Report	
Prepared for: F111494 UNI MORTGAGE GROUP 600 MAIN STREET WEST YARMOUTH, MA Borrower					Date: 02/02/04 \$13.50 Loan Number: Requested By: kgibbs Analyst: Repository Source: TU, EXP, EQX							
Name: KIPP GIBBS Address: 0 PO BOX 42 OSTERVILLE, MA 02655					Name: Address:							
Since: Status: SSN: Age: Marital Status: Employer: BOSTON GLOBE					Since: Status: SSN: Age: Marital Status: Employer:							
Position: Hired: Verified: N On: Comment:				Position: Hired: Verified: Comment:								
Address:				Address:								
From: To: Employer: STEAM SHIP AUTHORIT				From: To: Employer:								
Comment:					Hired: Verified: Comment:							
		С	REDIT			 -			<u> </u>			
E W Creditor Name Da												
C Creditor Name Da	edit Limit	Last Activity	Term		Balance Owing	Amount Past Due	Mos	20	60 -	90 -	Current Status	
	3/00 \$34633		\$346	633	\$51593	\$51593		,0		Days	I09*	
DLA: 05/03 CLAIM FILED WITH GOVERNMENT NELLIE MAE FNBC AS TRUSTEE AGENCY: UNITED STUDENT									(EXP	, EQX)	
29566868PER17A STUDENT LOAN DLA: 12/02 PLACED FOR COLLECT	\$1500 ION	01/04A 05/03F	\$15 120M3	00	\$2508	\$2508					I9B* TU (EXP)	
AGENCY: UNIVERSITY B CAP 1 BANK 01, 529107146395 ESTIMATED MONTHLY 1 DLA: 05/98	OF M /98 \$731 PAYMENT	05/00	\$7	31	\$2409	\$2409		1			R09* EQX EXP)	
CHARGED OFF ACCOUNT CREDIT CARD MAX DEL: 05/99 09 AGENCY: CAPITAL ONI						EX	HIB	: HT-!	9	}		

